

Form CJTC 721D — Employee Profile Change

Private Security Guards, Private Investigators, Bail Bond Recovery Agents

• Send Completed Form via email: pspi@cjtc.wa.gov

Send as a PDF ONLY

Fee \$0

Employer: Complete and sign this form and return to the email above to update current employee profile for an active Firearms Certificate.

INCOMPLETE FORMS WILL NOT BE PROCESSED & WILL BE DESTROYED AFTER 120 DAYS

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License Type (check only 1)			[Private Investigator			☐ Bail Bond Recovery Agent	
Agency Contact					Agency Contact Email			
OLD EMPLOYEE PROFILE INFORMATION								
Last Name First Name		Name	ame		Middle Initial		SSN: Last Four	
WSCJTC Firearms Certificate No. (If known):					DOL License No.			
UPDATED EMPLOYEE PROFILE INFORMATION								
Last Name	First Name			Middle Initial			SSN: Last Four	
Address		City			State		Zip Code	
Phone		Agency Owner/Designee Email Address						
Employee Work Email Address								
Signature <u>Must</u> Be Original (Handwritten).				Date:				
Company Owner/Designee (Print)					Company Owner/Designee (Signature)			
FOR COMMISSION USE ONLY								
ATTROVES 7 SERVES					REVIEWED BY: Initials: PROCESSED BY: Initials:			